

Independent School District of Boise City Motorcoach Form

School _____ Department _____ Group _____

Date Bus Needed _____ # of Passengers _____ # of Buses _____

Reimbursable (yellow school buses)

Non-Reimbursable (motorcoaches)

Charge to	Organization Key (8 digits)	Object Key (5 digits)
Acct #		
Acct #		

Purpose of Trip _____

PLACE OF ORIGIN:

Place to Load _____ Time to Leave _____

DESTINATION:

Place to Unload _____ Time to Arrive _____

RETURN TRIP:

Time to Leave _____ Time to Arrive Back _____

MOTORCOACH CARRIER:

ESTIMATED COST \$ _____

Initiator's Name _____ Date _____ Phone Number _____

Principal Signature _____ Date _____

Coordinator/Supervisor Signature _____ Date _____

Complete the Motorcoach Form, have the school principal approve it, then fax the form to the District Transportation Office along with your quotes. The District Transportation Office fax number is **854-4011**. Forms not completely filled out may be returned to the school.

A **separate form** must be filled out for each group and trip date. The Account numbers (Organization Key and Object Key) **must** be completely filled in.

Requests for the Music Department and/or Special Needs Transportation **must** have their budget coding approved by their respective coordinators/supervisors before faxing the form to the District Transportation Office.

If there is a change of **date and/or destination, or the trip is cancelled** after the form has been submitted, it is the responsibility of the initiator to notify the District Transportation Office (854-4167) of that change.

***** FOR TRANSPORTATION OFFICE USE ONLY *****

Date Received in Transportation Office _____